



APPOMATTOX COUNTY

Special Entertainment/Event

Permit Application





QUESTIONS?

Visit

[www.appomattoxcounty](http://www.appomattoxcountyva.gov)

[va.gov](http://www.appomattoxcountyva.gov)

Or contact the following
county offices for specific
details or for assistance:

Administration
434-352-2637

Sheriff's Office
434-352-2666

Public Safety
434-352-3950

Zoning/Building
Official/Fire Marshall
434-352-8183

Health Department
434-352-2313

School Administration
434-352-8251

Recreation Department
434-352-5996

Commissioner of
the Revenue
434-352-7450

Citizens or groups wishing to conduct a special event in Appomattox County must complete and submit the following application with a fee of \$25.00/day to:

County Administrator
153A Morton Lane (Physical Address)
P. O. Box 863 (Mailing Address)
Appomattox, VA 24522

Checks for the application fee may be made payable to:
Treasurer of Appomattox County

Special event applications must be submitted at least thirty (30) days before the date of such festival or outdoor entertainment and at least twenty-one (21) days prior to the regular board meeting to be considered for approval. In the event that application is denied the fee will be refunded.

For further details on special event planning and local codes/ordinances for entertainments, please visit: www.appomattoxcountyva.gov, click on government tab and County Code Section 41 - AMUSEMENT - Festivals or Outdoor Entertainment or contact the Appomattox County Administration Office @ 434-352-2637.

All plans for health, welfare, and safety of the public shall be in accordance with the directives of applicable Appomattox County officials at the cost of the permit holder. Emergency response plans and resources shall be approved by the Appomattox County Sheriff and Director of Public Safety; these plans shall not be amended except by approval of said officials.

Signed copies of approved application will be returned to applicants via first-class mail.



What type of gatherings require a special event permit?

MUSICAL OR ENTERTAINMENT FESTIVAL – Any Gathering of fifty (50) or more people, publicly advertised by newspaper, radio, television or handbills, for the purpose of listening to or participating in entertainment which consist of primarily of musical entertainment conducted for compensation in open spaces.

OUTDOOR ENTERTAINMENT – Any gathering of the general public which is publicly advertised by newspaper, radio, television, handbills, or signs for which an admission fee is charged.

All outdoor entertainment are subject to the rules and regulations and duration established by the Board for each individual event.

No person shall stage, promote, conduct any musical festival or outdoor entertainment in the County without a special entertainment permit.

EVENT NAME: Skeet Shooting Competition Fundraiser

Start Date: 10/24/20 End Date: 10/24/20

Proposed Rain Date: 11/7/20

First Time Event: ☒ YES ☐ NO

Re-occurring Event: ☐ YES ☒ NO

**If re-occurring, in what year did the event commence?* _____

EVENT CATEGORY:

☐ Community Festival

☐ Concert

☐ Parade

☐ Run/Walk

☒ Other (Please specify) non-profit private fundraiser

Alcohol Served: ☒ YES ☐ NO

**If alcohol is being served, please attach the name and all contact information for the ABC License holder (phone, cell, address and email). Also attach a copy of the issued ABC License.*

EVENT ORGANIZER(S): Proven Men Ministries

Street Address: 2306 Bedford Ave #7D

County: Lynchburg State: VA Zip: 24503

PRIMARY CONTACT: Nick Liberto

Address: 1032 Byrd St Lynchburg, VA 24504

Email: nick@provenmen.org

Home Telephone #: _____ Cell #: 301-514-6791

Business Telephone #: _____ Fax #: _____

ADMISSION FEE: \$95

DAY OF THE EVENT: \$95

IN ADVANCE: \$95

SENIOR/ JR. FEE: \$95

PURPOSE AND DESCRIPTION OF THE EVENT:

Please include a detailed description of the event/attractions, a site map, and schedule of activities. Attach additional pages if needed.

Approximately 65 people will participate in a skeet shooting competition. Dinner will be served from a food truck around campfires. There will be axe throwing and cornhole games. This is invite only private event.



The completed applications are to be submitted to the county administrator along with

- * Ticket/badge for admission
- * Promoters and backers; performers
- * Location-names and addresses of the property owners in which the event will be held
- * Sanitation facilities; garbage and sewer disposal - This plan shall meet all state and local statutes, ordinances, and regulations and shall be approved by the County Health Inspector
- * A plan for providing food, water, and lodging for the persons at the event. This shall be approved by the County Health Inspector.
- * Medical Facilities plans
- * Parking, crowd & Traffic Control plans
- * Fire protection - Shall be approved by the County's representative of the VA Division of Forestry
- * Lighting plans which shall comply with Uniform Statewide Building Code

EVENT CANCELLATION:

Please describe your cancellation policy; note that the County Administrator and Appomattox County Public Safety must be notified if the event is cancelled or postponed.

If rained out we would like to have the event on 11/7/20. If cancelled it will not be re-scheduled until next year.

EVENT VENUE OR SITE(S):

Please attach a tax/parcel location map and a signed letter of consent from the property owner.

Site Address: 812 Pattenson School Road, Appomattox

Zoning Classifications: _____

Anticipated Attendance: 65

Average Attendance at Past Events: N/A

Alternate Site Address(s) N/A

Music/Sound

Start Time: 1:00 am/pm pm

Music/Sound

End Time: 6:00 am/pm pm

Will **you** be supplying? Check all that apply.

- ☐ Dumpsters
- ☐ Portable Restrooms
- ☒ Trash Cans/Recycle Bins
- ☐ Banners/Decoration
- ☐ Fencing/Barricades
- ☐ Special Lighting

Quantity _____

Quantity _____

Quantity 5

Quantity _____

Quantity _____

Quantity _____

Type _____

Type _____

Type _____



The Board of Supervisors shall have the right to revoke any permit issued under this Article upon noncompliance with any of its provisions and conditions.

\$25.00 fee/day for each day of the on which entertainment is to presented shall be payable to the Treasurer of Appomattox County.

Music prohibited certain hours – No music shall be rendered between the hours of 12:00 midnight and 8:00 am

Sound level of music – No music shall be played either by mechanical devices or live performance in such manner that the sound emanating therefrom shall be unreasonably audible beyond the property on which the festival or outdoor entertainment is located.

No persons under the age of 16 years of age shall be admitted unless accompanied by a parent or guardian.

Will shuttle services be provided?

☐ YES ☒ NO

Shuttle Service Coordinator:

Name: N/A

Contact #: _____

Type of transportation used (i.e. buses, golf carts, wagons, etc.)

individuals will have their own transportation.

Please attach a map of the shuttle routes and schedule for shuttle services. Describe shuttle plan, indicate drop off and pick up points.

N/A

Will special shuttling plans be provided for disabled citizens?

☐ YES ☒ NO

Explain plans/amenities to accommodate disable citizens on-site at the event.

disabled citizens will be escorted and served by volunteer staff in an effort to accommodate their needs.

Will live entertainment be scheduled?

☐ YES ☒ NO

Please describe any scheduled performances.



Bond required; waiver –
A Bond in the amount of
\$5000.00 shall be
required and shall be
conditioned to the
removal and clearing of
the premises so as to
leave them in the same
condition as they were
found and further
conditioned to the full
and satisfactory
execution and
compliance with the
terms of the permit when
issued.

Exemption of fees:

The daily fees and bond
provided for herein may
be waived by the Board
of Supervisors for
established churches,
chartered civic
organizations or
established schools,
provided that all other
provisions of this Article
shall be fully enforceable.

Will you be supplying? Check all that apply.

- ☒ Booths/Exhibits
- ☐ Tents/Canopies
- ☐ Vehicles/Trailers
- ☐ Animals
- ☐ VIP Area

Describe

- ☒ Amplified Sound

Describe

we will have 2 speakers
playing background music

- ☐ Rides/Inflatables

Describe

- ☐ Stage/Bleachers

Describe

- ☐ Fireworks/Pyrotechnics

Describe

List name and contact information for any firework contractor(s).

Indicate/describe the precise location on-site from which fireworks will
be deployed.



Describe any unique grounds preparation or traffic control needs.

The grass in the field will be mowed

How do you plan to notify residents and businesses which may be affected by this event? (In addition to adjacent property owners).

- ☒ Door to door
☐ Phone calls
☐ Flyers
☐ Other (Please list) _____

Will any food services be catered on site?

☒ YES ☐ NO

How many non-profit food vendors?

0

How many for-profit food vendors?

1

How many vendors needing electricity?

0

How many vendors needing water hookups?

0

How many vendors using open fire/gas?

0

How many non-profit vendors selling wares?

0

How many for-profit vendors selling wares?

1

Please describe items/services vended on-site; Include any special needs for vendors.

There will be one food truck that doesn't require any hook ups. There will be one for-profit vendor selling cigars.

CONTACT YOUR LOCAL HEALTH DEPARTMENT (434) 352-2313



Liability Insurance Information:

A certificate of insurance for this event must be presented to Appomattox County Administration no later than fifteen (15) calendar days prior to the start date of the event. If the information requested below is not available when this application is submitted, it can be added later, but not later than the fifteen (15) day deadline as previously noted.

Indemnity Applicant:

In consideration for Appomattox County granting the undersigned Event Organizer representative permission to hold the proposed event and to display, sell, or offer for sale wares, services and/or food or merchandise within the perimeters of their event venue, the undersigned agrees to assume the defense and indemnify and save harmless the county, its employees, offices and agents against any and all claims, liabilities, judgements, costs, causes of action, damages, expenses and shall pay all attorney's fees, court costs and other costs incurred in defending such claims which may accrue against, be charged to, be recovered from, or sought to be removed from the County, its employees, officers and agents by reason of or on account of any personal injury or death or damage to property arising from the undersigned's event and associated activities, if such personal injury or death or damage of property is caused by the acts or omissions or negligence of the undersigned, or the undersigned's employees and agents or by such acts, omissions or negligence of any other person subject to the undersigned's control. The county, its employees, officers and agents shall not have to give the undersigned any specific types of notices of such claims.

Affidavit of Application:

I certify that the information in this Special Event Application is true and correct to the best of my knowledge and belief, that I understand, and agree to abide by all regulations, provisions, and rules governing Special Events as set forth by Appomattox County. I certify that I understand that this application is made subject to the rules and regulations established by the Appomattox County Board of Supervisors. I agree to abide by these rules and further certify that, on behalf of the organization, I am authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to Appomattox County. I grant permission for county officials to access the property at any time to enforce permit compliance.

A signed copy of the Indemnity Agreement and Affidavit of Applicant portions of the Special Entertainment/Event Permit Application must be provided to the County before an application will be considered fully executed. Submit the Special Events Application to: County Administrator, 153A Morton Lane, P. O. Box 863, Appomattox, VA 24522.

Nick Liberto

Event Coordinator/Responsible Event Representative
(Print Name)

10/14/20

Date

[Signature]
Signature

As the property owner, I hereby acknowledge and give consent for the event described herein to proceed on the indicated properties with full understanding of any liability and responsibility associated with all planned activities.

Tim Schuson

Property Owner (Print Name)

10/14/2020

Date

[Signature]
Signature



I, Jim Johnson do allow Proven Men Ministries to use my property located at 812 Pattenson School Road, Appomattox, VA 24522 for their Skeet Shooting Competition Fundraiser on October 24th from 1-7pm. They are welcome to begin setting up on Friday the 23rd anytime as well as arriving early on Saturday the 24th for set up. They are welcome to use the property as they see fit to conduct their event.

Print:

Jim Johnson

Signature:

A handwritten signature in black ink, appearing to read "Jim Johnson", written over a horizontal line.

Address:

812 Pattenson School Rd.
Appomattox VA 24522



MAX & DEXTER EVENT DESIGN

Timeline

Event Name: Proven Men Skeet Shoot
Event Day and Date: Saturday, October 24, 2020
Venue Name and Address: JMar Genetics in Appomattox

| Friday October 23, 2020 | |
|---------------------------|--|
| All Day 9-5 | Set up - tables, shooting cubes, throwers, ten fire spots, Porta Potties Arrive (discount portable restrooms and septic service http://dprsgv.com) |
| Saturday October 24, 2020 | |
| 11-12:30 | Sponsor Arrival and additional final set up PA system- Nick is point person |
| 12:00 | Spencer arrives and sets up axe trailer Music begins playing |
| 12:30 | Power Play is set up and ready to service Snacks and cold water bottles available |
| 12:45 | All set time |
| 1:00 | Event begins |
| 1:00 | Axe throwing available |
| 1:00-4:00 | Shooting window- 55 people with roughly 15 minutes each to shoot at 5 stations |
| 3:45 | Bartender, Ryan arrives and sets up minimal items provided by Lauren Nick is POS POC - will take credit card and cash |
| 4:00 | Axe throwing closes and trailer gets packed up Shooting competition ends Food truck arrives and parks in front of shooting stations Bourbon bar opens |
| 4:30 | Dinner is served- pre portioned bbq dinners with choice of chicken or pork. |
| 5:00 | People seated and eating Shooting winner is announced |
| 5:30 | Dinner closes and fires are lit Food truck leaves |
| 5:50 | PM group (Nick, Marshall) sponsors acknowledged and intro speaking portion |
| 6:00 | Zach Barbour gives his testimony |
| 6:10 | Jon Dupin makes the breakout call to action. When done initiates the ask |
| 6:35-6:50 | 10 Breakout around fire followed by Ask time- choose a song or strategy here! |
| 6:55 | Last Call at the bar |
| 7:00 | Event technically ends Bar break down |
| 8:00 | Event Breakdown |



ACORDTM INSURANCE BINDER

DATE
09/24/2020

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

| | | | |
|---|---|---|-----------------------------|
| PRODUCER Mid-State Insurance 2525 Rivermont Ave Lynchburg, VA 24503 | PHONE (A/C No. Ext): 434-528-1001 FAX (A/C No.): | COMPANY Mesa Underwriters Specialty Insurance Company | BINDER # MP0032007006769 |
| CODE: | | SUB CODE: | |
| AGENCY CUSTOMER ID: INSURED Proven Men Ministries 2306 Bedford Ave #7D Lynchburg, VA 24503 | | EFFECTIVE DATE: 10/24/2020 TIME: 12:01 EXPIRATION DATE: 10/26/2020 TIME: 12:01 AM THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: | |
| | | DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Event Description: Skeet Shoot Fundraiser/Diner Host Liquor Liability is included per form CG0001 (04/13). | |

| COVERAGES | | LIMITS | | |
|--|--|--|---------|--|
| TYPE OF INSURANCE | COVERAGE/FORMS | DEDUCTIBLE | COINS % | AMOUNT |
| PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC | | | | |
| GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | CG0001 (04/13), CG2010 (04/13), CG2106 (05/14), CG2132 (05/09), CG2144 (07/98), CG2147 (12/07), CG2155 (09/99), CG2167 (12/04), CG2173 (01/15), CG2196 (03/05), CG2279 (04/13), CG2426 (04/13), IL0017 (11/98), IL0021 (09/08), IL0044 (06/90), IL0106 (09/03), MUS 01 01 10001 (05/17), MUS 01 01 10002 (11/16), MUS 01 01 10003 (10/13), MUS 01 01 10008 (10/13), MUS 01 01 10040 (10/13), MUS 01 01 10043 (10/13), MUS 01 01 10044 (04/14), MUS 01 01 20001 (04/17), MUS 01 01 20004 (09/16), MUS 01 01 20010 (10/13), MUS 01 01 20011 (10/13), MUS 01 01 20013 (10/13), MUS 01 01 20016 (10/13), MUS 01 01 20017 (05/20), MUS 01 01 20055 (10/13), MUS 01 01 20058 (08/16), MUS 01 01 20063 (08/16), MUS 01 01 20071 (02/20), MUS 01 01 20080 (08/16), MUS 01 01 20092 (08/16), MUS 01 01 20084 (08/16), MUS 01 01 20094 (07/19), MUS 01 01 20112 (10/13), MUS 01 01 20125 (09/15), MUS 01 01 20139 (06/17), VANDZ (09/96) | EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG | | \$1,000,000 \$100,000 \$5,000 \$1,000,000 \$2,000,000 \$ Included (Per Food Consumption Only) |
| AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | RETRO DATE FOR CLAIMS MADE: | COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST | | \$ \$ \$ \$ \$ \$ |
| AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL: | <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES | ACTUAL CASH VALUE STATED AMOUNT OTHER | | \$ \$ \$ |
| GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE | | \$ \$ \$ \$ |
| EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | RETRO DATE FOR CLAIMS MADE: | EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT FEES TAXES ESTIMATED TOTAL PREMIUM | | \$ \$ \$ \$ \$ \$ \$ \$ |
| WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY | | | | |
| SPECIAL CONDITIONS/OTHER COVERAGES | | | | |

NAME & ADDRESS

See Attached Form SLB-9

MORTGAGEE
LOSS PAYEE

ADDITIONAL INSURED

LOAN #

AUTHORIZED REPRESENTATIVE

Danielle Swade

FORMATION ON REVERSE SIDE

© ACORD CORPORATION 1993

CONDITIONS

This Company binds the kind(s) of Insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Delaware

The mortgagee or Obligor of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/24/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | | |
|---|--|--|--|-----------------------|
| PRODUCER Mid-State Insurance 2525 Rivermont Ave Lynchburg, VA 24503 | | CONTACT NAME: PHONE (A/C, No. Ext): 434-528-1001 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Mesa Underwriters Specialty Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : | | FAX (A/C, No): |
| INSURED Proven Men Ministries 2306 Bedford Ave #7D Lynchburg VA 24503 | | NAIC # | | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--------------------|-----------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY | X | MP0032007006769 | 10/24/20 | 10/26/20 | EACH OCCURRENCE \$ 1,000,000 |
| | X COMMERCIAL GENERAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | MED EXP (Any one person) \$ 5,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: X <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | AUTOMOBILE LIABILITY | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | PRODUCTS - COMP/OP AGG \$ Included (For Food Consumption Only) |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB | | | | | \$ |
| | EXCESS LIAB | | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> OCCUR | | | | | AGGREGATE \$ |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | \$ |
| | DED <input type="checkbox"/> RETENTION \$ | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A | | | | | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Event Description: Skeet Shoot Fundraiser/Diner Host Liquor Liability is included per form CG0001 (04/13).
 Certificate Holder "Jim & Martha Johnson" is an Additional Insured

CERTIFICATE HOLDER

| | |
|--|---|
| Jim & Martha Johnson 812 Patteson School Rd Appomattox, VA 24522 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Danielle S Wade |
|--|---|

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ABC License

We are currently working with Agent Franklin and he is in the process of approving our ABC License for the day. If not approved there will be no alcohol at the event.

Agent Franklin
Phone#: 434-962-4240

License Holder will be

Nick Liberto (Executive Director)
Proven Men Ministries
2306 Bedford Ave #7D
Lynchburg, VA 24503

FOR INTERNAL PURPOSES ONLY:
Special Entertainment/Event Permit
Staff Review & Approvals

Public Safety Director:

Approved ☒ YES ☐ NO Date: 10/15/2020 Signature: *Betty Wray*

Follow guidelines set forth by VDH + CDC for COVID-19

Building Official/Fire Marshall:

Approved ☒ YES ☐ NO Date: 10/15/20 Signature: *Jimmy Chandler*

Sheriff:

Approved ☒ YES ☐ NO Date: 10/15/20 Signature: *DW Dyer Sheriff*

Follow all VDH COVID Rules. Alcohol only with ABC Permit. Alcohol to be available only after all firearms are secured at the termination of all shooting events for the day. Recommend contacting any neighbors that may be impacted. Recommend designated firearms/safety person to manage all shooting events.

County Administrator:

Approved ☒ YES ☐ NO Date: 10/15/20 Signature: *Susan M. Adams*

Per Public Safety Director Sheriff and Zoning Administrator's comments -

Zoning Administrator:

Approved ☒ YES ☐ NO Date: 10/14/20 Signature: *Mike E. Roub*

Approved as a temporary use - one time event. Any additional events similar to this require a Conditional Use Permit.